PTO/SB/17 (12-04\2)

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NOV Locar Appearance Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMS control number Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/816.638 Application Number PADE TRANSMITTAL Filing Date April 2, 2004 For FY 2005 First Named Inventor Vladimir Shusterman **Examiner Name** UNKNOWN Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3762 TOTAL AMOUNT OF PAYMENT (\$) 575.00 Attorney Docket No. 286093-00001-4 METHOD OF PAYMENT (check all that apply) ✓ Credit Card Check Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 02-2556 Deposit Account Name: ECKERT SEAMANS ... For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity **Small Entity Small Entity** Application Type Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 250 100 N/A 200 Design 100 100 50 130 65 Plant 200 300 100 160 150 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 2. EXCESS CLAIM FEES **Small Entity Fee Description** Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 200 100 Each independent claim over 3 (including Reissues) Multiple dependent claims 360 180 **Total Claims Extra Claims** Fee Paid (\$) **Multiple Dependent Claims** Fee (\$) 46 - 20 or HP = 15 25.00 375.00 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. 360.00 0.00 **Extra Claims** Indep. Claims Fee (\$) Fee Paid (\$) _ - 3 or HP = 100.00 200.00 HP = highest number of independent claims paid for, if greater than 3. **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Total Sheets Extra Sheets Fee Paid (\$) - 100 = (round up to a whole number) x 0.00 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 0.00 SUBMITTED BY Registration No. 24,464 Telephone 412-828-9397 (Attorney/Agent)

Signature Date November 2, 2005 Name (Print/Type) David W. Brownlee

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group Art Unit 3762

In re Application of : SYSTEM AND DEVICE FOR

MULTI-SCALE ANALYSIS AND

VLADIMIR SHUSTERMAN

REPRESENTATION OF PHYSIOLOGICAL DATA

Serial No. 10/816,638

Attorney Docket No. 286093-00001-4

Filed April 2, 2004

PRELIMINARY AMENDMENT

Eckert Seamans Cherin & Mellott, LLC 600 Grant Street, 44th Floor Pittsburgh, PA 15219
November 2, 2005

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Please amend this application by rewriting claims 1, 2, 3, 6-10, 16,17, 20, 22, 23, 24, 27, 29, and 31, and adding new claims 32-46 as follows.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 16 of this paper.

11/07/2005 JBALINAN 00000015 10816638

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